

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
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37							87		
38							88		
39							89		
40							90		
41	/						91		
42	/						92		
43	/						93		
44	/						94		
45	/						95		
46	/						96		
47	/						97		
48	/						98		
49							99		
50							100		
TOTAL IND.	6						TOTAL IND.		
TOTAL DEP.	77						TOTAL DEP.		
TOTAL CLAIMS	83						TOTAL CLAIMS		